



George Fox University

2023-24 student health insurance

For undergraduates (U.S. and international)

Your student health insurance plan includes:

- Gold-level coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Wellness-focused coverage
- Member-focused customer service

Eligibility

All full-time undergraduate students taking a minimum of 12 credit hours (excluding DPS) are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is provided. Please visit PacificSource.com/GeorgeFox to learn more about your health plan.

Cost

| Coverage Period | Fall 08/16/2023 – 12/31/2023 | Spring & Summer 01/01/2024 – 08/15/2024 |
|----------------------------|---------------------------------|--|
| Undergraduate student cost | \$1,298 | \$2,137 |

The amounts above may include fees charged by your school to cover administrative costs associated with offering the health plan.

Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your member ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.
- **Use our health and wellness portal** to work toward health goals. Access the portal via InTouch.
- **Our Provider Directory** will help you locate healthcare providers and facilities. Visit PacificSource.com/GeorgeFox to access the nationwide directory of providers.
- **Print an insurance ID card** by visiting PacificSource.com/IDCard.

myPacificSource mobile app

View your PacificSource member ID and coverage info any time you need it. Download our free app from the Amazon, Android,™ or Apple® app stores. For more information, visit PacificSource.com/mobile.

Learn more

PacificSource.com/GeorgeFox

Phone

855-274-9814
TTY: 711
We accept all relay calls.

Email

StudentHealth@PacificSource.com

Group no.

G0035885



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Benefits at a glance – Navigator network

| | Health and Counseling Center and PacificSource | |
|---------------------------------|--|--------------------------|
| | In-network Providers | Out-of-network Providers |
| Contract-year deductible | \$500 | \$1,000 |
| Out-of-pocket maximum | \$4,000 | \$8,000 |
| Plan maximum | Unlimited | |

In-network and out-of-network provider charges accumulate separately.

Your share of costs

| | In-network Providers | Out-of-network Providers |
|---|---|--------------------------|
| Preventive care (routine physicals, well woman visits, immunizations) | No deductible, member pays \$0 | Not covered |
| Office visits (primary care, naturopath, specialist, urgent care, and mental health/chemical dependency) | After deductible, 20% | After deductible, 40% |
| Outpatient rehabilitation services | After deductible, 20% | After deductible, 40% |
| Inpatient or outpatient surgery/services | After deductible, 20% | After deductible, 40% |
| Advanced diagnostic imaging | After deductible, 20% | After deductible, 40% |
| Diagnostic and therapeutic radiology and lab | After deductible, 20% | After deductible, 40% |
| Emergency room visits | After deductible, \$100 plus 20%^ | |
| Ambulance | After deductible, 20% | |
| Chiropractic care (20 visits per school year), acupuncture (12 visits per school year) | After deductible, 20% | After deductible, 40% |
| Prescription drugs (up to a 30-day supply at retail, 31- to 90-day supply through mail order) | Retail pharmacy: Tier 1: No deductible, \$20 Tier 2: No deductible, \$40 Tier 3: No deductible, \$60 Tier 4: No deductible, \$60 Mail order: (31- to 90-day supply): Tier 1: No deductible, \$50 Tier 2: No deductible, \$100 Tier 3: No deductible, \$150 | No deductible, 90% |
| Health and Counseling Center | Eligible expenses incurred at the Health and Counseling Center are covered at 100%. | |

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

^Copoly applies to ER physician and facility charges only. Copay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.

InTouch for Members



Create your InTouch account or log in using the code above, or at [InTouch.PacificSource.com/members](https://PacificSource.com/members).

Insurance term glossary

Deductible: The amount you owe for covered services before your health insurance or plan begins to pay.

Coinsurance: Your share of the cost of a covered service (in addition to copays), calculated as a percentage of the service cost.

For more definitions, visit PacificSource.com/glossary.